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## NOTICE OF ALLOWANCE AND FEE(S) DUE

08/10/2004

Howard Tak Su Lim 12210 Rives Avenue Downey, CA 90242

EXAMINER

LE, HUYEN D

ART UNIT

PAPER NUMBER

3751

DATE MAILED: 08/10/2004

| •               |             |                      |                     |                  |
|-----------------|-------------|----------------------|---------------------|------------------|
| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
| 10/751 546      | 01/05/2004  | Howard Tak Su Lim    |                     | 2406             |

TITLE OF INVENTION: TOILET SYSTEM ATTACHED A MULTI-PURPOSE HAND HELD SPRAYER

| APPLN. TYPE    | SMALL ENTITY ISSUE FEE |       | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE   |
|----------------|------------------------|-------|-----------------|------------------|------------|
| nonprovisional | YES                    | \$665 | \$300           | \$965            | 11/10/2004 |

THE APPLICATION IDENTIFIED ABOVE HAS BEEN EXAMINED AND IS ALLOWED FOR ISSUANCE AS A PATENT. PROSECUTION ON THE MERITS IS CLOSED. THIS NOTICE OF ALLOWANCE IS NOT A GRANT OF PATENT RIGHTS. THIS APPLICATION IS SUBJECT TO WITHDRAWAL FROM ISSUE AT THE INITIATIVE OF THE OFFICE OR UPON PETITION BY THE APPLICANT. SEE 37 CFR 1.313 AND MPEP 1308.

THE ISSUE FEE AND PUBLICATION FEE (IF REQUIRED) MUST BE PAID WITHIN THREE MONTHS FROM THE MAILING DATE OF THIS NOTICE OR THIS APPLICATION SHALL BE REGARDED AS ABANDONED. STATUTORY PERIOD CANNOT BE EXTENDED. SEE 35 U.S.C. 151. THE ISSUE FEE DUE INDICATED ABOVE REFLECTS A CREDIT FOR ANY PREVIOUSLY PAID ISSUE FEE APPLIED IN THIS APPLICATION. THE PTOL-85B (OR AN EQUIVALENT) MUST BE RETURNED WITHIN THIS PERIOD EVEN IF NO FEE IS DUE OR THE APPLICATION WILL BE REGARDED AS ABANDONED.

#### HOW TO REPLY TO THIS NOTICE:

I. Review the SMALL ENTITY status shown above.

If the SMALL ENTITY is shown as YES, verify your current SMALL ENTITY status:

A. If the status is the same, pay the TOTAL FEE(S) DUE shown above.

B. If the status above is to be removed, check box 5b on Part B -Fee(s) Transmittal and pay the PUBLICATION FEE (if required) and twice the amount of the ISSUE FEE shown above, or

If the SMALL ENTITY is shown as NO:

A. Pay TOTAL FEE(S) DUE shown above, or

B. If applicant claimed SMALL ENTITY status before, or is now claiming SMALL ENTITY status, check box 5a on Part B - Fee(s) Transmittal and pay the PUBLICATION FEE (if required) and 1/2 the ISSUE FEE shown above.

II. PART B - FEE(S) TRANSMITTAL should be completed and returned to the United States Patent and Trademark Office (USPTO) with your ISSUE FEE and PUBLICATION FEE (if required). Even if the fee(s) have already been paid, Part B - Fee(s) Transmittal should be completed and returned. If you are charging the fee(s) to your deposit account, section "4b" of Part B - Fee(s) Transmittal should be completed and an extra copy of the form should be submitted.

III. All communications regarding this application must give the application number. Please direct all communications prior to issuance to Mail Stop ISSUE FEE unless advised to the contrary.

IMPORTANT REMINDER: Utility patents issuing on applications filed on or after Dec. 12, 1980 may require payment of maintenance fees. It is patentee's responsibility to ensure timely payment of maintenance fees when due.

### PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

| appropriate All further cou                                                                                                                                                                                                                                                                                                               | rrespondence including the l<br>below or directed otherwise  | Patent advance on                    | ders and notificat                                                                                                                                                                                                                                                                                                                  | tion of maintenance fees v                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ired). Blocks I through 5 s<br>will be mailed to the current<br>; and/or (b) indicating a sepa                                                                                                                                                                                                                                                          | correspondence address as   |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|--------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|--|
| CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)                                                                                                                                                                                                                                                              |                                                              |                                      |                                                                                                                                                                                                                                                                                                                                     | Note: A certificate of mailing can only be used for domestic mailings of the Fec(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                         |                             |  |
| 7590 08/10/2004<br>Howard Tak Su Lim<br>12210 Rives Avenue<br>Downey, CA 90242                                                                                                                                                                                                                                                            |                                                              |                                      |                                                                                                                                                                                                                                                                                                                                     | Ce I hereby certify that the States Postal Service addressed to the Main and the Ma | Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below. |                             |  |
|                                                                                                                                                                                                                                                                                                                                           |                                                              |                                      |                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 15 (100) 110 1000, 011 110                                                                                                                                                                                                                                                                                                                              | (Depositor's name)          |  |
|                                                                                                                                                                                                                                                                                                                                           |                                                              |                                      |                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                         | (Signature)                 |  |
|                                                                                                                                                                                                                                                                                                                                           |                                                              |                                      |                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                         | (Date)                      |  |
| APPLICATION NO.                                                                                                                                                                                                                                                                                                                           | FILING DATE                                                  |                                      | FIRST NAMED IN                                                                                                                                                                                                                                                                                                                      | VENTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ATTORNEY DOCKET NO.                                                                                                                                                                                                                                                                                                                                     | CONFIRMATION NO.            |  |
|                                                                                                                                                                                                                                                                                                                                           |                                                              |                                      |                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ATTORNET BOCKET NO.                                                                                                                                                                                                                                                                                                                                     | 2406                        |  |
| 10/751,546 TITLE OF INVENTION: T                                                                                                                                                                                                                                                                                                          | 01/05/2004<br>OILET SYSTEM ATTACH                            | ED A MULTI-PUI                       | Howard Tak S                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                         | 2400                        |  |
| APPLN, TYPE                                                                                                                                                                                                                                                                                                                               | SMALL ENTITY                                                 | ISSUE FI                             | EE                                                                                                                                                                                                                                                                                                                                  | PUBLICATION FEE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | TOTAL FEE(S) DUE                                                                                                                                                                                                                                                                                                                                        | DATE DUE                    |  |
| nonprovisional                                                                                                                                                                                                                                                                                                                            | YES                                                          | \$665                                |                                                                                                                                                                                                                                                                                                                                     | \$300                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | \$965                                                                                                                                                                                                                                                                                                                                                   | 11/10/2004                  |  |
| EXAM                                                                                                                                                                                                                                                                                                                                      | IINER                                                        | ART UN                               | ĪT                                                                                                                                                                                                                                                                                                                                  | CLASS-SUBCLASS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ] .                                                                                                                                                                                                                                                                                                                                                     |                             |  |
| LE, HU                                                                                                                                                                                                                                                                                                                                    | YEN D                                                        | 3751                                 | <u>.</u>                                                                                                                                                                                                                                                                                                                            | 004-420400                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | •                                                                                                                                                                                                                                                                                                                                                       |                             |  |
| 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. |                                                              |                                      | 2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                         |                             |  |
| PLEASE NOTE: Unless                                                                                                                                                                                                                                                                                                                       | 1 37 CFR 3.11. Completion                                    | elow, no assignee of this form is NO | data will appear of a substitute for f                                                                                                                                                                                                                                                                                              | on the patent. If an assign                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | nee is identified below, the o                                                                                                                                                                                                                                                                                                                          | locument has been filed for |  |
| Please check the appropriate                                                                                                                                                                                                                                                                                                              | e assignee category or catego                                | ries (will not be pri                | inted on the paten                                                                                                                                                                                                                                                                                                                  | t); 🚨 individual 🚨 d                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | corporation or other private g                                                                                                                                                                                                                                                                                                                          | roup entity 🔲 government    |  |
| 4a. The following fee(s) are                                                                                                                                                                                                                                                                                                              | enclosed:                                                    | 4b                                   | . Payment of Fee(                                                                                                                                                                                                                                                                                                                   | (s):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <u> </u>                                                                                                                                                                                                                                                                                                                                                |                             |  |
| ☐ Issue Fee                                                                                                                                                                                                                                                                                                                               | ☐ Issue Fee                                                  |                                      | ☐ A check in the amount of the fee(s) is enclosed.                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                         |                             |  |
| ☐ Publication Fee (No small entity discount permitted)                                                                                                                                                                                                                                                                                    |                                                              | 1)                                   | ☐ Payment by credit card. Form PTO-2038 is attached.                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                         |                             |  |
| ☐ Advance Order - # of Copies                                                                                                                                                                                                                                                                                                             |                                                              | <del>.</del>                         | ☐ The Director is hereby authorized by charge the required fec(s), or credit any overpayment, to Deposit Account Number(enclose an extra copy of this form).                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                         |                             |  |
|                                                                                                                                                                                                                                                                                                                                           | (from status indicated above MALL ENTITY status. See 3       | •                                    | ☐ b. Applicant is                                                                                                                                                                                                                                                                                                                   | not claiming SMALL EN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | TITY status. See, e.g., 37 CF                                                                                                                                                                                                                                                                                                                           | R 1.27(g)(2).               |  |
| NOTE: The Issue Fee and P                                                                                                                                                                                                                                                                                                                 |                                                              | vill not be accepted                 | from anyone oth                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ly paid issue fee to the application istered attorney or agent; or t                                                                                                                                                                                                                                                                                    |                             |  |
| (Authorized Signature)                                                                                                                                                                                                                                                                                                                    |                                                              | (Date)                               |                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                         |                             |  |
| This collection of information an application. Confidential                                                                                                                                                                                                                                                                               | on is required by 37 CFR 1.3<br>ity is governed by 35 U.S.C. | 11. The information 122 and 37 CFR   | n is required to ob                                                                                                                                                                                                                                                                                                                 | on is estimated to take 12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | the public which is to file (an minutes to complete, including                                                                                                                                                                                                                                                                                          | d by the USPTO to process)  |  |

submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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### UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE United States Patent and Trademark Office Address: COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, Virginia 22313-1450

| APPLICATION NO.   | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO.     | CONFIRMATION NO. |  |
|-------------------|-------------|----------------------|-------------------------|------------------|--|
| 10/751,546        | 01/05/2004  | Howard Tak Su Lim    |                         | 2406             |  |
| 7590 08/10/2004   |             |                      | EXAM                    | EXAMINER         |  |
| Howard Tak Su Lim |             | LE, HUYEN D          |                         |                  |  |
| 12210 Rives Aver  | nue         |                      | APTIBUT                 | DARCD MUMORED    |  |
| Downey, CA 9024   | 12          |                      | ART UNIT                | PAPER NUMBER     |  |
|                   |             |                      | 3751                    |                  |  |
|                   |             |                      | DATE MAILED: 08/10/2004 | 4                |  |

# Determination of Patent Term Adjustment under 35 U.S.C. 154 (b)

(application filed on or after May 29, 2000)

The Patent Term Adjustment to date is 0 day(s). If the issue fee is paid on the date that is three months after the mailing date of this notice and the patent issues on the Tuesday before the date that is 28 weeks (six and a half months) after the mailing date of this notice, the Patent Term Adjustment will be 0 day(s).

If a Continued Prosecution Application (CPA) was filed in the above-identified application, the filing date that determines Patent Term Adjustment is the filing date of the most recent CPA.

Applicant will be able to obtain more detailed information by accessing the Patent Application Information Retrieval (PAIR) WEB site (http://pair.uspto.gov).

Any questions regarding the Patent Term Extension or Adjustment determination should be directed to the Office of Patent Legal Administration at (703) 305-1383. Questions relating to issue and publication fee payments should be directed to the Customer Service Center of the Office of Patent Publication at (703) 305-8283.